

Hsin Chong - K.N. Godfrey Yeh Education Fund
for Joint Student Projects
Application Form 2025 – 26 (1st Round)
(Please type or write clearly in black)

1. Name of Proposed Project _____
2. Amount of Subsidy Applied (HK\$) _____
3. Amount of Subsidy Approved by Other Organizations / Under Application (HK\$) _____
4. Particulars of Project Leader
Name _____ Student No. _____
Society being represented & Position (if relevant) _____
Institution & Faculty/Department _____
Course & Year of Studies _____
Address _____
Contact Telephone No _____ Email _____
5. Particulars of the Second Contact Person
Name _____ Student No. _____
Society being represented & Position (if relevant) _____
Institution & Faculty/Department _____
Contact Telephone No _____ Email _____

Signature of Project Leader

Chop of Society
(if applicable)

Date

Please attach a proposal which gives details of the following:

- A. Particulars of Project Organizers
 - For Student Societies: Name of societies and respective institutions
 - For individuals: Name of students with respective institutions, faculties/departments, course and year of studies, address & contact no.
- B. Particulars of the Proposed Project
 - Objectives, methods in achieving the objectives, proposed dates, proposed venue (if conducted locally), destination & itinerary (if conducted abroad), details of target participants (no. of students & staff from each institution, other participants), contribution to the promotion of student activities and student services in general.
- C. Budget plan (subsidies expected from Hsin Chong, other subsidies approved by other organizations or under application, other sources of income and expenditures in details)

Completed application form together with the detailed proposal should be sent via email (osa_activities@hksyu.edu) to the Student Activities Section, Office of Student Affairs in which the project leader is studying. For enquiries, please contact Ms. Fanny Yan / Mr. Kenneth Leung of the Office of Student Affairs.

6. To facilitate the consideration of Selection Committee, please invite your advisor to comment on the proposed project.

Name of advisor _____ Tel. No. _____

Position _____

Faculty/Dept _____ Institution/Organization _____

Signature _____ Date _____

7. Recommendation by staff of the Office of Student Affairs of the institution in which the project leader is studying.

Name of staff _____ Tel. No. _____

Position _____ University/Institution _____

Signature _____ Date _____